127 2 4 4	CHOCHAS OCIODAL 1, 2000							.07.1	· 7.	365	ΨG
		S FILED (Celuin	PART		mn -	×	SMÁLL TYPE	ENTITY		OTHE	RTHAN
TOTAL CLAIM	s	· ·					RATE	CEE		SMAL	7.
FOR		NUMBER FILED N		NI IME	MBER EXTRA		BASIC FI		- ⋅⋅	RATE	FEE
TOTAL CHARGE	or the same of the			Consider.	4			OF	1000	X(o()	
INDEPENDENT (2 W 22 3 30 30 1			CS STATE	3	⊹X\$ 9=		OR	14-210-214-		
MULTIPLE DEPE	NDENT CLAIM						°X40=		OR	*X80=	
* If the difference is column 4 is 1							+135=	ı	OR	+270=	
° If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	 	OR	TOTAL	XIN
(CLAIMS AS	AMENDE	D - PAR	T II							THAN
	(Column 1)	7-7-0	(Colun		(Column 3)		SMALL	ENTITY	OR		ENTITY
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	•					<u>-</u>	TOTAL		OR	TOTAL	
50000000000000000000000000000000000000	(Column 1)	On West and a	(Colum		(Column 3)	Û			3	ADDIT. FEE	
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7.00	CLAIMS REMAINING		(Column HIGHES	37	Column 3)	_			_		
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if the entry in colum	n 1 is less than the	entry in colu	nn 2 write «n	'in cel	m 3	L	135=	*	OR	+270=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number fou							TOTAL DIT. FEE		OR ,	TOTAL DDIT. FEE	

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